

Supported Employment and Job Coach Training Services Job Placement and Training Report

1. Vendor Information	
Vendor Number:	
Vendor Invoice Number:	
Vendor Name:	
Address:	
Job Coach's Name:	
Job Coach Phone Number:	
Job Coach Email:	

2. Consumer / Billing Data				
Service Model Type	<input type="checkbox"/> SE	<input type="checkbox"/> JCTS	Service Item Code	
Consumer Name			Billing Period (month)	
Participant ID			Hours/Days Authorized	
Case ID			Hours/Days Billed	
DRS Counselor			Amount Due on Invoice	
Case Manager(s)			Total Hours to date	
Authorization Number			Total Days to date (group)	
Employment Goal (IPE)				
SSA Benefits (Explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ticket to Work?	

3. Employment Data (Attach a job description with initial training progress reports.)				
Job Title				
Employer				
Supervisor Name		Start Date		
Work Address		Employee benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Phone		Hours worked (weekly)		
Accommodations		Wages earned (hourly)		
Orientation				
Work Benefits				
Transportation				
Natural Supports				

4. Work Skills & Ratings: On a scale from 1- 4, how would you rate section A. B. and C.	
1	Does not meet employer standards and intervention is required
2	Some progress noted, intervention decreased but frequent interventions are still required
3	Additional progress has been made and minimal intervention provided this month
4	Mastered employer expectations (no intervention required)

(Work Skill Ratings Continued Below)

A. "Interpersonal & Work Behaviors" Ratings:

Common Skills Observed:	Rating:	Comments about observed skills:
Attendance		
Punctuality		
Communication Skills		
Work Speed		
Problem Solving Skills		
Initiative		
Personal Hygiene		
Other (Explain)		

B. Skill Acquisition Ratings*

List Essential Job Functions:	Rating:	Comments about essential job functions*
1.		
2.		
3.		
4.		
5.		

**Must include level of independence, quality of work, and productivity*

C. "SE Form 5" – Employer Rating Form*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
------------------------------	-----------------------------	--

** Due 30 days from placement, and prior to closure*

5. Intervention / Fading Plan: (Project the fading plan hours needed for next month)			
1. Total Consumer Work Hours		Week 1	
2. Total Intervention Hours		Week 2	
3. Stability Reached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Week 3	
4. Date Follow Along started		Week 4	
5. Follow-Along Provider		Week 5	

6. Action Plans & Justification

Narrative should reflect, but not be limited to, IPE / ISP goals, justification for continued SE services, additional hours requested, next scheduled staffing dates, specific barriers to stability and employment, additional services needed (ex. medical evaluations), travel training progress and issues, rehab engineering, etc. Be as specific as possible.

--

7. The (8) conditions needed to determine a client "stable": Required for case closure

	Stability Conditions	Condition Met	Date Achieved
1.	Intervention has reached a "plateau" or leveled out.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Consumer demonstrates appropriate work behaviors and social skills on the job.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Consumer can perform expected job duties.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Consumer is satisfied with the job and work environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Supervisor is satisfied with consumer's job performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Necessary worksite modifications and accommodations are in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Transportation to and from work is reliable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Compensation is at or above minimum wage but not less than wages paid by employer for same work performed by people without disabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Units Billed and Reported for the current month

Direct/Indirect Services		Name of Job Coach	
Transportation		Date this form was completed	
Documentation			
Total			